

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: MAPLE RIDGE ELDERLY CARE (111011)

Address: 355 MACK DR, REEDSBURG, WI 53959

License Status: REGULAR

Licensed/Certified/Registered 10/31/1997

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0091865 **End Date:** 01/12/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007927 Served 01/30/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.20(1)(b)	TEMPORARILY TRANSFERRED TO HOSPITAL		

Survey ID: 0090437 **End Date:** 06/03/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007787 Served 06/11/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(t)	INCOMPETENCY	01/07/2004	Yes
83.32(2)(d)	REVIEW OF PROGRESS	01/07/2004	Yes
83.33(3)(a)1	PRACTITIONER'S WRITTEN ORDER FOR MEDS	01/07/2004	Yes
83.42(3)(a)2	RESPONSE TO SERIOUS ILLNESS OR ACCIDENT	01/07/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 01/26/2004 SOD #10007927 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.20(1)(b)

Date: 06/10/2003 SOD #10007787 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.21(4)(t)
FORFEITURE---83.32(2)(d)
FORFEITURE---83.33(3)(a)1
FORFEITURE---83.42(3)(a)2

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 10/20/2003

Date Investigation Completed: 01/12/2004

Subject Area(s)

SUPERVISION
ABUSE
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007927

Date Complaint Received: 09/25/2003

Date Investigation Completed: 01/12/2004

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.